

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 09/750188
Substitute for Form PTO-875					

CLAIMS AS FILED – PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	•
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	•
MULTIPLE DEPENDENT CLAIM PRESENT	(37 CFR 1.16(d))	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	17	Minus	** 29 =
Independent (37 CFR 1.16(b))	14	Minus	*** 4 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

6-105

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	14	Minus	** 29 =
Independent (37 CFR 1.16(b))	3	Minus	*** 4 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

6-105

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))		Minus	** =
Independent (37 CFR 1.16(b))		Minus	*** =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/1750188

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	0
INDEPENDENT CLAIMS	4 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	(Column 1) (Column 2) (Column 3)		
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	• 20	Minus	.. 20	=
Independent	• 11	Minus	... 4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY	
	RATE	FEES
BASIC FEE	355.00	OR
X\$ 9=		OR
X40=		OR
+135=		OR
TOTAL		OR TOTAL 710.00

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY	
	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=
X40=		OR X80=
+135=		OR +270=
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	(Column 1) (Column 2) (Column 3)		
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	• 19	Minus	.. 20	=
Independent	• 3	Minus	... 4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	
	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=
X40=		OR X80=
+135=		OR +270=
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	(Column 1) (Column 2) (Column 3)		
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	• 19	Minus	.. 20	=
Independent	• 3	Minus	... 4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	
	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=
X40=		OR X80=
+135=		OR +270=
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.